

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

Filing Date

10585035

Applicant(s) **Lutz MAY**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		2				
4		2				
5		(1)				
6		(1)				
7		1				
8		1				
9		1				
10		2				
11		(1)				
12		(1)				
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41		(1)				
42		(1)				
43		(1)				
44	1					
45						
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49						
50						
Total Indep	2		0		0	
Total Depend	45		0		0	
Total Claims	47		0		0	

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